Oral Health and Nutrition Expansion and Enhancement Project (OHN)
Access to Oral Health through a Dental Home Model – Increasing Prevention and Treatment services for Children 0-5
Request for Proposal (RFP)

Los Angeles County Children and Families First – Proposition 10 Commission (aka First 5 LA)

RELEASE DATE: June 30, 2011
REQUEST FOR PROPOSALS

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I. TIMELINE

The RFP process will operate along the following timeline: (Note: First 5 LA reserves the right to modify the stated schedule of events at any time.)

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<thead>
<tr>
<th>Date</th>
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<tbody>
<tr>
<td>June 30, 2011</td>
<td>Release of RFP</td>
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<tr>
<td>July 7, 2011</td>
<td>Information Meeting&lt;br&gt;Time: 10:00-11:30 am&lt;br&gt;Location: First 5 LA offices&lt;br&gt;750 N. Alameda Street&lt;br&gt;Los Angeles, CA 90012</td>
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<tr>
<td>August 12, 2011</td>
<td>Last Day to Submit Questions to First 5 LA</td>
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<tr>
<td>August 19, 2011</td>
<td>Proposal Package due to First 5 LA via electronic submission by 5:00pm</td>
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<td>Week of August 29, 2011</td>
<td>Interviews</td>
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<tr>
<td>September 15, 2011</td>
<td>Notify Selected Grantee of Final Decision</td>
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<tr>
<td>September 16, 2011</td>
<td>Contract Negotiations Begin</td>
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<tr>
<td>October 28, 2011</td>
<td>Contract Begins</td>
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</table>

All questions and requests for additional information regarding this RFP must be received in writing by First 5 LA by August 17, 2011. First 5 LA reserves the sole right to determine the timing and content of the responses to all questions and requests for additional information.

Questions and information requests can be submitted to:

Conrado Bárzaga, MD, Senior Program Officer<br>First 5 LA<br>750 N. Alameda Street, Suite 300<br>Los Angeles, CA 90012

Phone: (213) 482-9387<br>E-mail: cbarzaga@first5la.org
II. BACKGROUND

About First 5 LA
In 1998, California voters passed Proposition 10, which levied a 50-cent per pack tax on all tobacco products. The resulting tax revenues were earmarked within each county in California to enhance the early growth experiences of children, enabling them to be more successful in school and ultimately to give them an equal opportunity to succeed in life. In Los Angeles County, First 5 LA (also known as the Proposition 10 Commission, or for the purposes of this document, the Commission) was formed as a public entity to develop and oversee various early childhood initiatives and to administer and manage its share of the funding from Proposition 10. Since 1998, First 5 LA has invested over $871 million to champion health, education, and safety causes concerning children prenatal through five and their families. Additional information regarding First 5 LA may be found at http://www.first5la.org.

2009-2015 Strategic Plan
In June 2009, the First 5 LA Board of Commissioners adopted its FY 2009–2015 Strategic Plan entitled Strengthening Families and Communities in Los Angeles County. This Plan incorporates lessons learned from the first 10 years of First 5 LA’s grant-making and research, which reveal not only the importance of supportive and informed parents and caregivers to a young child’s quality of life, but also the role of safe and supportive neighborhoods, or places, to that child’s development. As a result, this new plan represents a major shift in First 5 LA’s grant-making from an initiative-based to a place-based approach. This new approach allows First 5 LA to focus on strengthening families while fostering the communities’ ability to create and sustain safe and nurturing places for children to grow and thrive.

In addition, a concurrent countywide approach focuses on integrating children and family service delivery systems, policy change, public education, workforce development and other strategies that improve the health, safety and early education opportunities for all children in Los Angeles County.

In the Strategic Plan, the Commission established four specific outcomes that it seeks for young children in Los Angeles County. These outcomes are defined in the Plan as four long-term goals of ensuring that children:

- Are born healthy
- Maintain a healthy weight
- Are safe from abuse and neglect
- Are ready for Kindergarten

Oral Health and Nutrition (OHN)
First 5 LA has long recognized that healthy nutrition and dental care are important for the health and well-being of the child. In 2006 First 5 LA Board of Commissioners approved the Oral Health Nutrition and Enhancement Project (OHN) to improve children’s oral health and nutrition through strategies that enhance current efforts to promote good oral
health and nutrition. The newly adopted FY 2009–2015 Strategic Plan reaffirms First 5 LA’s commitment to improving children’s oral health.

The OHN framework focuses on: Access-Direct Services for the community to address needs and strengthen parent, provider and community capacity; Public Education to increase the messaging around communicating the importance of oral health and nutrition for optimal child development; and Policy and Advocacy to affect these issues more broadly in terms of addressing systems and related policies that underlie these issues.

The OHN Project Multi-Strategy Framework approved in 2006 is based on a comprehensive assessment of best practices and an identification of how First 5 LA could potentially leverage and maximize existing ongoing efforts to improve nutritional and oral health outcomes for children and their families.

III. RATIONALE FOR FUNDING OPPORTUNITY

First 5 LA has worked closely with oral health experts to inform its strategic decisions regarding oral health funding. Three sources have significantly contributed to inform the development of this RFP: the 2009 Oral Health Needs Assessment of Underprivileged Children, First 5 LA’s Oral Health Ad Hoc Committee, and the 2011 Institute of Medicine Report: Advancing Oral Health in America.

Oral Health Needs Assessment of Underprivileged Children

One of the earliest projects funded by OHN was an Oral Health Needs Assessment of Underprivileged Children¹, commissioned to USC School of Dentistry and funded in partnership with The California Endowment, Annenberg Foundation, and the California Wellness Foundation. The report established a baseline assessment of the oral health status in underserved children, and provided recommendations to address the oral health crisis that impacts children in Los Angeles County.

The Report outlined steps to help increase access to dental care for underprivileged children in Los Angeles County, particularly access to preventive measures such as fluoride supplements, sealants, oral health education, and early referral of high-risk children to ongoing care in dental homes. The Report stated that increasing access to preventive dental care should help reduce the prevalence of dental caries among underprivileged children in the County. The actions mentioned by the report will also contribute to the promotion of a more integrated and better trained oral health care system where medical and dental professionals cooperate to provide necessary oral health services to all children. At the same time, these recommendations emphasize the need to better educate parents and children who are at high-risk of dental caries and other dental problems and stress the relationship between oral health and general health.

While the list of activities suggested by the report is wide and comprehensive, the authors recognized that prioritizing some recommendations was important, given the economic exigencies that exist. They suggested the following actions to improve the oral health of underprivileged children in Los Angeles County and thereby reduce their pain, suffering and dysfunction caused by dental disease. These recommendations are based on established models of increasing access, promoting prevention, and maximizing resources.

1. **Establishing Dental Homes**: Partnering with community health centers to establish dental homes in conjunction with medical homes that will serve the oral health needs of underprivileged children.

2. **Involving Dentists**: Working to increase dentists’ participation in Denti-Cal and Healthy Families programs and willingness to serve preschool children.

3. **Involving Primary Care Providers**: Training medical doctors and nurse practitioners to assess the oral health of infants and toddlers, provide counseling and preventive services, and refer high risk children and children with obvious dental needs to dental homes for ongoing dental care.

4. **Involving Promotores and Community Health Workers**: Developing community oral health Promotores programs in order to establish culturally-sensitive liaisons with the community. Promotores should educate parents and caregivers about oral disease, how to prevent it, and how to access the dental offices and clinics for treatment.

**First 5 LA Oral Health Ad Hoc Committee**
First 5 LA established an Ad Hoc Oral Health Committee to provide the Commission with community input. The Committee recommended the Commission directs its oral health investment five areas:

1. Prevention
2. Sustainability
3. Integration
4. Parent education
5. Sharing lessons learned

**Institute of Medicine: Advancing Oral Health in America**
The Commission recognizes the work of national experts and seeks to leverage the latest recommendations provided by the *Institute of Medicine* in its April 2011 Report: Advancing Oral Health in America, which recommends the following organizing principles for oral health initiatives:

1. Establish high-level accountability

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2. Emphasize disease prevention and oral health promotion
3. Improve oral health literacy and cultural competence
4. Reduce oral health disparities
5. Explore new models for payment and delivery of care
6. Enhance the role of non-dental health care professionals
7. Expand oral health research and improve data collection
8. Promote collaboration among private and public stakeholders
9. Measure progress toward short-term and long-term goals and objectives
10. Advance the goals and objectives of Healthy People 2020

This collection of knowledge and recommendations provides a solid framework for this funding opportunity. Applicants responding to this RFP must consider this framework carefully.

IV. FIRST 5 LA INVESTMENT: INCREASING ACCESS TO ORAL HEALTH

Dental disease is infectious, progressive, transmissible, and largely (and cost-effectively) preventable; if children are taught good oral hygiene habits early, and have access to preventive dental services, no child ever needs to suffer from dental disease. Dental decay has an early onset, therefore once children are in school and parents detect tooth decay, it’s too late. By the time children are in kindergarten more than 70 percent already have dental decay, and 40 percent have rampant decay. This chapter outlines key considerations that applicants responding to this RFP must contemplate.

Goals and Objectives

The primary goal of this funding opportunity is to increase access to dental care for children ages 0-5 by establishing a Dental Home model in community clinics. The objectives of this funding opportunity are to:

1. Establish oral health services to address the barriers that prevent infants’ access to dental care
2. Increase the number of children 0-5 who receive preventive oral health measures, including fluoride varnish applications if necessary
3. Increase providers’ awareness of the importance of preventive dental care services for children 0-5
4. Increase parents’ awareness of the importance of oral health for their children
5. Increase the number of general dentists that treat children aged 0-5 in community clinics
6. Establish systems that promote oral health education and access to dental care within community clinics’ pediatric and OBGYN services

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Available Funding
The total approved allocation for this funding opportunity is $9,400,000 over three years. Funds will be awarded to one successful applicant. Of the total allocation, $2-3M will be allotted to support the selected agency which will provide training and technical assistance to participating clinics, as well as provide programmatic oversight to the project and $5-6.3M will be designated to support at least 10 to 12 community clinics that will provide dental care services to children age 0-5 by establishing a successful dental home model. This provision of $9.4 M had a $4.4 M allotment approved in March 2011 and an additional allocation of $5 M at the Commission meeting in April of 2011.

Contracting Services
First 5 LA seeks one applicant organization that will support the organizational development of participating clinics and will also facilitate training and development of the clinics’ workforce. In addition to providing training and technical assistance to the clinics, the applicant must provide programmatic oversight to the project.

Through contracting services, First 5 LA will rely on a selected organization to broaden its reach. The selected organization’s expertise in oral health and its existing network of providers will assist the Commission in its goal of keeping the quality of grant-making high, while reaching a larger number of organizations.

The selected applicant, in close partnership with the Commission will establish Memoranda of Understanding (MOUs) with up to 12 community clinics. Community clinics will provide dental services to First 5 LA’s target population. First 5 LA will have final authority to approve or decline MOUs and proposed scopes of work.

The Dental Home
The American Academy of Pediatric Dentistry (AAPD) supports the concept of a Dental Home4 and recommends that all children have their first visit to the dentist to establish a dental home no later than 12 months of age.

Early Childhood Caries (ECC), a severely destructive form of tooth decay that is most commonly seen in children under the age of three years,5 affects the primary teeth soon after they erupt and can result in extraction of teeth or extensive and costly restorative work requiring general anesthesia. Unfortunately, many children do not receive any prophylaxis or treatment for this condition which can negatively affect health, development and school readiness that continues on into adulthood. On a daily basis in pediatric dental practices across the United States, dentists are defied by ECC. Dentists are often times asked to treat these children once dental decay has advanced into the pulp of the tooth or an infection is present, leaving them wishing they would have seen the child sooner to help prevent the caries.

The Dental Home is inclusive of all aspects of oral health that result from the interaction of the patient, parents, non-dental professionals, and dental professionals. Establishment of the dental home is initiated by the identification and interaction of these individuals, resulting in a heightened awareness of all issues impacting the patient’s oral health. The concept is derived from the American Academy of Pediatrics’ (AAP) definition of a medical home which states pediatric primary health care is best delivered where comprehensive, continuously-accessible, family-centered, coordinated, compassionate, and culturally-effective care is available and delivered or supervised by qualified child health specialists.6-7

The concept of the Dental Home reflects clinical guidelines and best principles set forth by AAPD for the proper delivery of oral health care to all children, with a concentration on infant/age one patients. The Dental Home enhances the dental professional’s ability to assist children and their parents in the quest for optimum oral health care, beginning with the age one dental visit for successful preventive care and treatment as part of an overall oral health care foundation.

The Dental Home model focuses on:

- Early Intervention
- Risk Assessment
- Anticipatory Guidance
- Individualized Prevention and Disease Management

Additionally, the establishment of the Dental Home will include referrals to other dental specialists when a pediatric or general dentist cannot provide the needed care.

V. BARRIERS TO DENTAL CARE ACCESS

Dental Insurance

Oral disease and unmet dental needs are more prevalent in children with limited access to services. Dental care in this population is often compromised by the lack of insurance coverage and the inability of families to pay for care out-of-pocket; additionally, parents often must miss work for dental appointments. Children in families with low socioeconomic status face more challenges to access dental care as many dentists will not see new, if any, Denti-Cal-insured children, citing low reimbursement and patient compliance issues.8

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Insufficient Services
Other barriers faced by families include the lack of services in the community. A recent study commissioned by First 5 LA (2010 Oral Health Needs Assessment) gives emphasis to the complexity of accessing dental care in Los Angeles County for underprivileged children and underscored the observation that only 64 free or low-cost community health centers with dental clinics were identified in Los Angeles County at the time of the study. The average waiting time for an appointment in these clinics was 34 days (range 0-135 days); and only 38% of these clinics treated children 2 years of age or younger.

Parental Knowledge
Parents who have not been educated on the importance of good teeth to the total health and development of their children may not seek dental care because they do not know about prevention or treatment options. The 2010 Oral Health Needs Assessment found that the majority of parents (86%) were not following the recommendations by the American Association of Pediatric Dentistry that the child should visit the dentist by the first birthday.

Availability of Pediatric Dentist
The complexity of certain dental conditions may make it more difficult to find a dentist who can provide care. There is low affiliation (10%) of pediatric dentists with the offices/clinics providing services to underprivileged children. The number of pediatric dentists is relatively small compared to those in general practice. In the metropolitan area of Los Angeles there are nearly 4,000 general dentists and less than 50 pediatric specialists9. Consequently, although general dentists are often reluctant to provide care for very young children because they are not adequately trained to treat this age group, they still treat over 75% of children, national studies find.10

Workforce Training
Data from the US Bureau of Labor Statistic shows that most dentists in Los Angeles County are general dentists, and less than one percent of the dentists are specialists in Pediatric Dentistry. As dental and dental hygiene schools provide a minimum level of training on management of very young children, many general dentists are not adequately trained to treat this age group and are reluctant to provide care for very young children.

There are various models of infant oral care training for general dentists and non-dental providers. First 5 Commissions across the state have provided funds to support existing training models to make the dental workforce better equipped to serve children age 0-5.

Under this funding opportunity, the selected organization must ensure that participating providers have the appropriate training to work with young children and their families. This includes appropriate clinical skills, motivational interviewing abilities, and

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improved opportunities to partner with other agencies and providers who serve this population.

**Cultural Competency**

Applicants responding to this RFP must develop or adapt, and provide cultural competency training to clinic staff involved in the implementation of this project. The increasing population growth of racial and ethnic communities and linguistic groups, each with its own cultural traits and health profiles, presents a challenge to the health care delivery service industry in the U.S. Providers and patients bring their individual learned patterns of language and culture to the health care experience, which must be transcended to achieve equal access and quality health care.

Cultural and linguistic competence is defined by the U.S. Health and Human Services Office of Minority Health as a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. Culture refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. Competence implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities.

Culture and language may influence health, healing, and wellness belief systems; how illness, disease, and their causes are perceived; the behaviors of patients who are seeking health care and their attitudes toward health care providers; as well as the delivery of services by providers that look at the world through their own limited set of values, which can compromise access for patients from other cultures.

**Sustainability**

First 5 LA requires that the selected grantee under this funding opportunity must address the sustainability of the project after the initial First 5 LA funding expires. Therefore, applicants need to consider sustainability in the program’s design, implementation, and assessment of outcomes.

The successful applicant will facilitate a strategic planning to increase oral health access and financial sustainability of the clinics participating in the project. Service integration, care coordination, billing and accounting procedures, enhanced customer service, targeted outreach and education are all components of sustainability or business plan selected clinics must have in place in order to ensure children will continue to access dental care at their sites.

**VI. PROPOSAL REQUIREMENTS**

The selected organization will be required to:

- Identify community clinics in Los Angeles County with existing dental capacity.
- Establish MOUs with 10-12 community clinics with existing capacities to provide dental care to children ages 0-5. Delivery of care will be based on a Dental Home...
model to focus on: Early Intervention, Risk Assessment, Anticipatory Guidance, and Individualized Prevention and Disease Management.

- Provide fiscal and programmatic oversight to the project.
- Delivery high quality training and technical assistance to ensure the success and sustainability of the model as described in this RFP.

(First 5 LA will have final authority to approve or decline MOUs, proposed scopes of work, and related budgets and/or invoices).

Training must include:
- Pediatric dentistry for general dentists
- Pediatric oral health for non-dental healthcare professionals
- Cultural sensitivity

Technical assistance must include:
- Establishing clinical protocols
- Improving operational procedures
- Billing and accounting procedures
- Data collection of services provided
- Service integration and care coordination
- Outreach, and parent education
- Strategic plan to increase oral health access and financial sustainability
- Collaborating with medical providers and community agencies

Guiding Principles
First 5 LA has outlined the following guiding principles for this Oral Health investment. To be funded under this RFP, the selected organizations must apply these principles to their work:

- Commitment to the principles that all children in Los Angeles County should have access to quality oral health services in their communities.
- Ensure that a culture of awareness exists among providers about the interconnection between oral health and overall health.
- Provide services within the concept of a “Dental Home” where services are ongoing and not simply episodic in nature and begin no later than age one.
- Commitment to the collective improvement of oral health for children in Los Angeles County – learning from others in the field.
- Data collection and achievement of successful outcomes.
- Oral health services are operated under a sustainable business model.

VII. ELIGIBILITY AND QUALIFICATIONS

Eligibility
First 5 LA provides funding to programs and services that benefit children from prenatal stage to age 5. To be eligible for funding, applicants must be:
- Nonprofit agencies with tax-exempt status under Section 501(c)(3) of the Internal Revenue Code.

**Qualifications**
To be eligible for this grant, the organizations applying for these funds must meet specific requirements including:

- Possess significant expertise and be recognized leaders in the specific area of work funds have been allocated for
- Has experience providing fiscal and programmatic oversight to public funds
- Possess the experience and the capacity to provide training and technical assistance to healthcare providers

Organizations that establish MOUs under this project must also follow contracting policies established by First 5 LA. They must meet our rigorous requirements regarding contract documentation, and be prepared with detailed paperwork should First 5 LA need to conduct an audit.

**VIII. PROPOSAL CONTENT**

Organizations submitting a proposal for the OHN Project funding must review the following instructions and provide the proposal items listed below. Proposals must have exact headings and subheadings.

The proposal must not exceed twenty (20) pages total, not including appendices and required attachments to the proposal. A table of contents must be submitted setting forth all sections of the Proposal Content and corresponding page numbers.

**Proposal Narrative**

*Description of the Applicant*
Briefly describe the applicant and any other organizations overseeing and/or administering the proposed Project. Describe administrative and fiscal experience that demonstrates the capacity of the applicant to provide administrative oversight services for the proposed Project.

*Project Description*
This Project, Expanding Access to Oral Health through a Dental Home Model – Increasing Prevention and Treatment Services for Children 0-5, seeks to fund at least 10-12 community clinics with dental capacity to establish a dental home for and provide preventive and restorative services to children age 0-5.

The project seeks an organization that will establish contract with those 10-12 clinics and to provide technical assistance and training to the selected clinics in areas related to clinical protocols, billing and accounting procedures, and others that ensure sustainability of the project.
Describe how the applicant envisions implementing this project. Define how the applicant proposes to address barriers in access to dental care for children 0-5. Describe how the project will impact access to dental care. State how the applicant will apply guiding principles set forth by this RFP.

Project Evaluation
Explain how the success of the project will be measured. State how the data will be collected, analyzed and documented. Discuss who will be responsible for data collection what methods will be employed.

The selected organization will also participate in other evaluation activities, as the Commission deem necessary. Applicants must state their willingness to participate in evaluation activities in their proposal. Selected applicants will be contacted by Commission staff to develop an appropriate evaluation plan based on the approved project.

Scope of Work
The selected organization that receives First 5 LA OHN Project funds must complete the work within three years from the date of receiving First 5 LA OHN Project funds. Applicants must list the objectives, deliverables, and sequence of tasks and/or activities to be completed in a Project Timeline within Appendix D: Scope of Work.

The proposal must include a completed Appendix D: Scope of Work. If you are proposing a multi-year Project, show the Scope of Work by fiscal years. For the purposes of this RFP, a fiscal year is defined as the period of time beginning July 1 ending June 30 of the following year; for example, July 1, 2011 through June 30, 2012.

The Scope of Work will be the basis of contract negotiations if the proposal is recommended for funding. The Commission expressly reserves the right to negotiate changes to the proposal’s Scope of Work and Budget. The Scope of Work must detail activities and expected dates of activities.

Budget

Budget Request Forms
Selected grantee will be funded from the OHN Project allocation. Applicants must develop budgets that are in line with common business practices to ensure the success of the Project. Applicants must complete the required line items in Budget Request Forms (Appendix E). The Budget Request Forms may be expanded to provide additional line items or space for clarification.

The Budget Request Forms will not be included as part of the twelve (12) page proposal maximum. Use Appendices C: Budget Request Forms to create a separate budget(s) for each of the applicant subcontractors, if any.
**Budget Narrative**

Complete a separate Budget Narrative and include in the Appendices of the proposal that shows the purpose and amount of requested funds, describes Project financing, including management cash flow, and provides justification for each line item in the budget. In the Budget Narrative, also describe other resources, cash or in-kind, that have been secured or will be for this Project other than the funds requested in this proposal. The Budget Narrative is not included in the maximum 12 page proposal limit.

Consistent with the intent of the Proposition 10: California Children and Families Act of 1998, no monies for this Project may be used to supplant Federal, state, county and/or other monies available to the water agency for any purpose. Activities funded under this proposal must be new or enhancements to existing activities.

**IX. REVIEW PROCESS AND CRITERIA**

**Selection Process**

*Level 1 review* will determine applicants’ eligibility, including the completeness of the proposal. First 5 LA staff will review each application to ensure that basic requirements are met. Basic requirements include: timely receipt of application, format as required, inclusion of all appropriate attachments, etc. Proposals with omissions of any required documentation are subject to disqualifications.

*Level 2 review* involves an independent panel’s review of eligible applicants’ fulfillment of the selection criteria. The panel will include three (3) external reviewers for proposal rating. Each reviewer is required to sign a Conflict of Interest Form prior to scoring proposals.

*Interviews:* Based on the scores submitted by the panel of external reviewers, the Commission reserves the right to conduct interviews and/or site visits. Interviews and site visits are conducted by an interdepartmental team. First 5 LA’s interdepartmental team will ensure that the recommendations from the independent panel are communicated to the Commission.

*Level 3 review:* First 5 LA’s Finance Department staff will review the application and financial documents from the applicant to ensure their fiscal capability to implement the contract as intended.

The First 5 LA staff and/or Commission reserve the right without prejudice to reject any or all submitted qualifications. An appeal process is not available.

**Selection Criteria**

All proposals submitted to the First 5 LA should ensure and demonstrate access to comprehensive dental care, including preventive, diagnostic, emergency, and restorative care, and demonstrate the creation of a “dental home” for the communities focused in the
project. First 5 LA is specifically looking to support programs that are sustainable after the Commission’s funding has expired.

The following represents a summary of the selection criteria that will be considered during the selection process:

**Prospects for Success**  
- The applicant’s past experience in performing comparable work  
- The applicant’s past experience in providing fiscal and programmatic oversight to public funds  
- The proposed project directly addresses the priority area of this RFP  
- The work plan and budget are reasonable  
- The team assembled possesses the skills, competencies, commitment, and sufficient capacity to carry out the proposed work and has a supportive organizational and community environment  
- The applicant’s past experience in providers’ training

**Potential Impact**  
- The applicant’s knowledge of and experience in oral health policy and advocacy  
- The project is likely to lead to increased access to dental care for the target population and improved oral health outcomes  
- The project has potential for expansion within the community

**Sustainability**  
- The project is likely to continue to provide benefits to the target population and the community at large beyond the duration of the proposed grant  
- Proposals identify likely sources of future revenue or funding sufficient to sustain the project activities after the grant funds end  
- First 5 LA will give strong preference to those projects that can demonstrate funding from internal sources or community matching support, including “in kind” support

**Community Collaboration**  
- The project has enlisted as key participants relevant stakeholders and partners from the community and appropriate agencies and organizations. Letters of commitment from other agencies are required, and must be included in the proposal

**Data Collection**  
- The project team has the ability to measure and report progress in achieving project goals and objectives through quantitative measures, such as the number, demographics, characteristics, and service utilization of the target population, both at baseline and as the project proceeds
Organizational Commitment

- The applicant organization is committed to improving access to dental care for the target population and can demonstrate that the proposed project will significantly contribute to this goal.

Financial Viability and Accountability

- The applicant organization is in sound financial standing, has adequate financial management systems, and is capable of managing grant funds.

X. SUBMISSION GUIDELINES

The costs of developing the proposal are entirely the responsibility of the applicant submitting this proposal and cannot be charged to the Commission or included in the proposed budget. The Commission is prohibited from funding any services that were performed and/or paid for prior to an agreement approved by the Commission.

Guidelines

Proposals must adhere to the following guidelines in order to be considered:

- The Proposal Narrative must not exceed twenty (20) pages total, not including appendices and required documents
- Times New Roman font, no less than 12-point
- All pages and page numbers, excluding appendices, must be numbered sequentially with the name of the hospital applicant at the top of each page
- Provide a table of contents with page numbers for the proposal
- Original signatures in blue ink must be submitted. First 5 LA does not accept digital signatures. All forms require original signatures.

Proposal Package

A complete proposal package must consist of the items identified below. For a proposal to be eligible for review, all required appendices must be submitted. Complete the Appendix A: Proposal Package Checklist to confirm all the required items are included.

The following documents are to be included in the order listed below:

- Appendix A: Proposal Package Checklist**
- Proposal Content *
  - Table of Contents*
  - Proposal Narrative*
  - Scope of Work (Appendices B)
  - Budget Forms (Appendices C)**
  - Budget Narrative*
- Appendix E: Signature Authorization Form**

* No First 5 LA format is required. Applicants may submit existing documents or records.

** Original signature page must be submitted by mail.
• Appendix F: Agency Involvement in Litigation and/or Contract Compliance Difficulties** (1 original, signed in blue ink)
• Résumé or Curriculum Vitae for Key Staff and Subcontractor(s)*
• Proof of nonprofit status or appropriate business license (if applicable) *
• Current Independent Financial Audit*
• By-Laws (if applicable)*
• Articles of Incorporation (if applicable)*
• List of Governing Body Members*

Both Electronic and paper original must be submitted to First 5 LA by the deadline outlines in Section I. Failure to submit any required items will result in disqualification.

Applications must be submitted online at [www.first5la.org/OHN-Dental-Home-Model](http://www.first5la.org/OHN-Dental-Home-Model)

Applicants must also submit one (1) original and signed copy of the application cover letter, First 5 LA’s “Signature Authorization,” and “Agency Involvement in Litigation and/or Contract Compliance Difficulties” forms, as well as all work samples, to:

Evelyn V. Martinez, Chief Executive Officer
First 5 LA
750 N. Alameda Street, Suite 300
Los Angeles, CA 90012
Attention: OHN RFP / Expanding Access to Oral Health through a Dental Home Model – Increasing Prevention and Treatment Services for Children 0-5
XI. CONTRACTUAL CONSIDERATIONS

Specific contractual considerations, including but not limited to the following, apply to Request for Proposals (RFP) submission process and project implementation and to any contracts that result from the submission and implementation of the project/proposal. The contractor will need to comply with all of the provisions in the attached sample contract (See Sample Contract).

Conflict of Interest
The selected Contractor will be required to comply with the COMMISSION’s Conflict of Interest provisions, as outlined in the contract, and as applicable under California Law. Contractor acknowledges that he/she/it is acting as public official pursuant to the Contract and shall therefore avoid undertaking any activity or accepting any payment, employment or gift from any third party that could create a legal conflict of interest or the appearance of any such conflict. A conflict of interest exists when one has the opportunity to advance or protect one’s own interest or private interest of others, with whom one has a relationship, in a way that is detrimental to the interest, or potentially harmful for the integrity or fundamental mission of the COMMISSION. Contractor shall maintain the confidentiality of any confidential information obtained from the COMMISSION during the Contract and shall not use such information for personal or commercial gain outside the Contract. By agreeing to the Contract and accepting financial compensation for services rendered hereunder, Contractor agrees that he/she/it will not subsequently solicit or accept employment or compensation under any program, grant or service that results from or arises out of the funded project and related initiative(s). During the term of the Contract and for one year thereafter, Contractor will not knowingly solicit or accept employment and/or compensation from any COMMISSION collaborator or Contractor without the prior written consent of the COMMISSION.

Compliance
Current/Former grantees and/or Contractors must be in good standing and in compliance with all aspects of their contract with the COMMISSION in order to be eligible to apply for the current RFP. The COMMISSION may deem an applicant ineligible if it finds in its reasonable discretion, that applicant has done any of the following, including but not limited to: (1) violated any significant terms or conditions of Grant Agreement/Contract; (2) committed any act or omission which negatively reflects on Applicant’s quality, fitness or capacity to perform services listed in RFP with the COMMISSION or any other public entity, or engaged in a pattern or practice which negatively reflects on the same; (3) committed an act or offense which indicates a lack of business integrity or business dishonesty; or (4) made or submitted a false claim against the COMMISSION or any other public entity.

Contract Information
1. The COMMISSION may, at its sole discretion, reject any or all submissions in response to this RFP. The COMMISSION also reserves the right to cancel this RFP, at its sole discretion, at any time before execution of a contract. The COMMISSION shall not be liable for any costs incurred in connection with the preparation of any submissions.
in response to this RFP. Any cover letters résumés and/or curriculum vitae, including attached materials, submitted in response to this RFP shall become property of the COMMISSION and subject to public disclosure.

2. The agency/organization submitting an application agrees that by submitting an application it authorizes the COMMISSION to verify any or all information and/or references given in the application.

3. The COMMISSION reserves the right, after contract award, to amend the resulting contract, scope of work, and any other exhibits as needed throughout the term of the contract to best meet the needs of all parties.

4. The COMMISSION reserves the right to request additional financial information to verify applicant’s past and current financial status. This information includes, but is not limited to: the most recent independent audit ending Calendar Year 2010 Fiscal Year June 30, 2010, Cash Flow Statement, Statement of Activities (Income Statement), and Statement of Financial Position (Balance Sheet).

5. Consistent with the intent of Proposition 10: California Children and Families Act of 1998, no monies for this Project may be used to supplant Federal, State, County and/or other monies available to the organization for any purpose. Activities funded under this proposal must be new or enhancements to existing activities.

6. The award of a contract by the COMMISSION to an individual/agency/organization that proposes to use sub-contractors for the performance of work under the contract resulting from this application process shall not be interpreted to limit the COMMISSION’s right to approve subcontractors, assemble teams and/or assign leads. Each applicant will be evaluated independently for added value to the overall team. A copy of executed subcontract(s) related to Program funding must be provided to the COMMISSION.

7. The selected Contractor will be required to sign the contract at least two (2) weeks prior to the intended start date of the contract, as outlined in Terms of Contract section, to assure the timely completion of the signature process by all parties. If the contract is not signed prior to the intended start date, the commencement of any activities under the Exhibit A – Scope of Work will not begin until the contract execution date (the date all parties have signed the contract) and Contractor will not be eligible to obtain reimbursement for any costs incurred prior to the contract execution date, unless otherwise approved by the COMMISSION in writing. If this Contract is not signed within the thirty-day (30) period from the intended start date, the COMMISSION has the right to withdraw the contract award. Any agreed upon changes to the intended start date must be confirmed in writing by both parties.

8. Unless otherwise submitted during the application process, the selected Contractor will be required to submit the required documentation listed on the Contractor
Checklist, which includes, but not limited to, the following documents before the Contract can be fully executed:

- Agency Involvement in Litigation and/or Contract Compliance Difficulties Form
- By-laws (if applicable)
- Articles of Incorporation (if applicable)
- Board of Directors or List of Partners (as applicable)
- Signature Authorization Form
- Form RRF-1 (required and filed annually with the California Attorney General’s Registry of Charitable Trusts) and IRS Form 990 (if applicable)
- Annual Independent Audit for prior fiscal year or calendar year (if applicable)
- Appropriate business licenses (for vendors or private organizations)
- IRS Letter of Determination (if applicable) or completed IRS Form W-9
- Memorandums of Understanding (for any sub-contractors, collaborators, and/or partners listed under Contracted Services and Evaluation sections of Exhibit B – Budget Forms)
- Certificates of Insurance for all insurance requirements outlined in the contract.

9. Per the COMMISSION’s Policy and Guidelines for Hiring Consultants (Section 7), the total composite rate for a Consultant may not exceed $150 an hour. This means that the total cost of billable hours associated with a contract divided by the total number of hours billed must be equal to or less than $150. A blended rate is allowable. For example, for a contract totaling $150,000, a consultant may bill 500 hours for Consultant A at $200/hour, and 500 hours for Consultant B at $100/hour, with a total composite rate of $150/hour (1,000 total hours divided by $150,000 in billable hours = $150/hour).

10. The sample contract and contracting requirements are attached (See Sample Contract). If successful, the Contractor will be required to meet all of the terms and provisions set forth in these documents and within the timeframe identified.
XII. APPENDICES

APPENDIX A: Proposal Package Checklist
APPENDICES B: Scope of Work
APPENDICES C: Instructions for Budget Forms and Budget Request Forms
APPENDIX D: Sample Contract
APPENDIX E: Signature Authorization Form
APPENDIX F: Agency Involvement in Litigation and/or Contract Compliance Difficulties